



# Department of Development Services

## Building Division

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## DAMAGE ASSESSMENT REQUEST

CASE NUMBER ASSIGNED: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DATE OF DAMAGE \_\_\_\_\_

NEW

EXPIRED DAMAGE ASSESSMENT CASE #: \_\_\_\_\_

ADDRESS OF DAMAGED STRUCTURE: \_\_\_\_\_

USE OF BUILDING:

SFR    TOWNHOUSE    MOBILE HOME  
APARTMENT    CONDO    COMMERCIAL    MOTEL/HOTEL

PROJECT NAME:

CAUSE OF DAMAGE:    FIRE    FLOOD    WIND    VEHICLE IMPACT    OTHER \_\_\_\_\_

ALL AREAS OF DAMAGE ARE EXPOSED AND SAFE FOR INSPECTION:    YES    NO

A permit is not required to remove debris or expose damaged areas/elements.

UTILITIES DISCONNECTED:    YES    NO

If yes, which utilities:    ELECTRIC    GAS    WATER

If electric power has been disconnected, is there an urgency to restore power?    YES    NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

NAME OF PARTY REQUESTING INSPECTION:

FIRE DEPARTMENT INCIDENT # \_\_\_\_\_ METRO INCIDENT # \_\_\_\_\_

CONTRACTOR    PROPERTY OWNER    BUSINESS OWNER    OTHER \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_